

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Public Aid Code is amended by  
5 changing Sections 5-2 and 5-5 as follows:

6 (305 ILCS 5/5-2) (from Ch. 23, par. 5-2)

7 Sec. 5-2. Classes of Persons Eligible. Medical assistance  
8 under this Article shall be available to any of the following  
9 classes of persons in respect to whom a plan for coverage has  
10 been submitted to the Governor by the Illinois Department and  
11 approved by him:

12 1. Recipients of basic maintenance grants under Articles  
13 III and IV.

14 2. Persons otherwise eligible for basic maintenance under  
15 Articles III and IV but who fail to qualify thereunder on the  
16 basis of need, and who have insufficient income and resources  
17 to meet the costs of necessary medical care, including but not  
18 limited to the following:

19 (a) All persons otherwise eligible for basic  
20 maintenance under Article III but who fail to qualify under  
21 that Article on the basis of need and who meet either of  
22 the following requirements:

23 (i) their income, as determined by the Illinois  
24 Department in accordance with any federal  
25 requirements, is equal to or less than 70% in fiscal  
26 year 2001, equal to or less than 85% in fiscal year  
27 2002 and until a date to be determined by the  
28 Department by rule, and equal to or less than 100%  
29 beginning on the date determined by the Department by  
30 rule, of the nonfarm income official poverty line, as  
31 defined by the federal Office of Management and Budget  
32 and revised annually in accordance with Section 673(2)

1 of the Omnibus Budget Reconciliation Act of 1981,  
2 applicable to families of the same size; or

3 (ii) their income, after the deduction of costs  
4 incurred for medical care and for other types of  
5 remedial care, is equal to or less than 70% in fiscal  
6 year 2001, equal to or less than 85% in fiscal year  
7 2002 and until a date to be determined by the  
8 Department by rule, and equal to or less than 100%  
9 beginning on the date determined by the Department by  
10 rule, of the nonfarm income official poverty line, as  
11 defined in item (i) of this subparagraph (a).

12 (b) All persons who would be determined eligible for  
13 such basic maintenance under Article IV by disregarding the  
14 maximum earned income permitted by federal law.

15 3. Persons who would otherwise qualify for Aid to the  
16 Medically Indigent under Article VII.

17 4. Persons not eligible under any of the preceding  
18 paragraphs who fall sick, are injured, or die, not having  
19 sufficient money, property or other resources to meet the costs  
20 of necessary medical care or funeral and burial expenses.

21 5. (a) Women during pregnancy, after the fact of pregnancy  
22 has been determined by medical diagnosis, and during the  
23 60-day period beginning on the last day of the pregnancy,  
24 together with their infants and children born after  
25 September 30, 1983, whose income and resources are  
26 insufficient to meet the costs of necessary medical care to  
27 the maximum extent possible under Title XIX of the Federal  
28 Social Security Act.

29 (b) The Illinois Department and the Governor shall  
30 provide a plan for coverage of the persons eligible under  
31 paragraph 5(a) by April 1, 1990. Such plan shall provide  
32 ambulatory prenatal care to pregnant women during a  
33 presumptive eligibility period and establish an income  
34 eligibility standard that is equal to 133% of the nonfarm  
35 income official poverty line, as defined by the federal  
36 Office of Management and Budget and revised annually in

1           accordance with Section 673(2) of the Omnibus Budget  
2           Reconciliation Act of 1981, applicable to families of the  
3           same size, provided that costs incurred for medical care  
4           are not taken into account in determining such income  
5           eligibility.

6           (c) The Illinois Department may conduct a  
7           demonstration in at least one county that will provide  
8           medical assistance to pregnant women, together with their  
9           infants and children up to one year of age, where the  
10          income eligibility standard is set up to 185% of the  
11          nonfarm income official poverty line, as defined by the  
12          federal Office of Management and Budget. The Illinois  
13          Department shall seek and obtain necessary authorization  
14          provided under federal law to implement such a  
15          demonstration. Such demonstration may establish resource  
16          standards that are not more restrictive than those  
17          established under Article IV of this Code.

18          6. Persons under the age of 18 who fail to qualify as  
19          dependent under Article IV and who have insufficient income and  
20          resources to meet the costs of necessary medical care to the  
21          maximum extent permitted under Title XIX of the Federal Social  
22          Security Act.

23          7. Persons who are under 21 years of age and would qualify  
24          as disabled as defined under the Federal Supplemental Security  
25          Income Program, provided medical service for such persons would  
26          be eligible for Federal Financial Participation, and provided  
27          the Illinois Department determines that:

28               (a) the person requires a level of care provided by a  
29               hospital, skilled nursing facility, or intermediate care  
30               facility, as determined by a physician licensed to practice  
31               medicine in all its branches;

32               (b) it is appropriate to provide such care outside of  
33               an institution, as determined by a physician licensed to  
34               practice medicine in all its branches;

35               (c) the estimated amount which would be expended for  
36               care outside the institution is not greater than the

1 estimated amount which would be expended in an institution.

2 8. Persons who become ineligible for basic maintenance  
3 assistance under Article IV of this Code in programs  
4 administered by the Illinois Department due to employment  
5 earnings and persons in assistance units comprised of adults  
6 and children who become ineligible for basic maintenance  
7 assistance under Article VI of this Code due to employment  
8 earnings. The plan for coverage for this class of persons  
9 shall:

10 (a) extend the medical assistance coverage for up to 12  
11 months following termination of basic maintenance  
12 assistance; and

13 (b) offer persons who have initially received 6 months  
14 of the coverage provided in paragraph (a) above, the option  
15 of receiving an additional 6 months of coverage, subject to  
16 the following:

17 (i) such coverage shall be pursuant to provisions  
18 of the federal Social Security Act;

19 (ii) such coverage shall include all services  
20 covered while the person was eligible for basic  
21 maintenance assistance;

22 (iii) no premium shall be charged for such  
23 coverage; and

24 (iv) such coverage shall be suspended in the event  
25 of a person's failure without good cause to file in a  
26 timely fashion reports required for this coverage  
27 under the Social Security Act and coverage shall be  
28 reinstated upon the filing of such reports if the  
29 person remains otherwise eligible.

30 9. Persons with acquired immunodeficiency syndrome (AIDS)  
31 or with AIDS-related conditions with respect to whom there has  
32 been a determination that but for home or community-based  
33 services such individuals would require the level of care  
34 provided in an inpatient hospital, skilled nursing facility or  
35 intermediate care facility the cost of which is reimbursed  
36 under this Article. Assistance shall be provided to such

1 persons to the maximum extent permitted under Title XIX of the  
2 Federal Social Security Act.

3 10. Participants in the long-term care insurance  
4 partnership program established under the Partnership for  
5 Long-Term Care Act who meet the qualifications for protection  
6 of resources described in Section 25 of that Act.

7 11. Persons with disabilities who are employed and eligible  
8 for Medicaid, pursuant to Section 1902(a)(10)(A)(ii)(xv) of  
9 the Social Security Act, as provided by the Illinois Department  
10 by rule.

11 12. Subject to federal approval, persons who are eligible  
12 for medical assistance coverage under applicable provisions of  
13 the federal Social Security Act and the federal Breast and  
14 Cervical Cancer Prevention and Treatment Act of 2000. Those  
15 eligible persons are defined to include, but not be limited to,  
16 the following persons:

17 (1) persons who have been screened for breast or  
18 cervical cancer under the U.S. Centers for Disease Control  
19 and Prevention Breast and Cervical Cancer Program  
20 established under Title XV of the federal Public Health  
21 Services Act in accordance with the requirements of Section  
22 1504 of that Act as administered by the Illinois Department  
23 of Public Health; and

24 (2) persons whose screenings under the above program  
25 were funded in whole or in part by funds appropriated to  
26 the Illinois Department of Public Health for breast or  
27 cervical cancer screening.

28 "Medical assistance" under this paragraph 12 shall be identical  
29 to the benefits provided under the State's approved plan under  
30 Title XIX of the Social Security Act. The Department must  
31 request federal approval of the coverage under this paragraph  
32 12 within 30 days after the effective date of this amendatory  
33 Act of the 92nd General Assembly.

34 13. Subject to the approval of a waiver under Section  
35 1915(c) of the federal Social Security Act and consistent with  
36 that waiver, persons who are 21 years of age or older who have

1 received benefits under paragraph 7 of this Section and who  
2 continue to meet the requirements of subparagraphs (a), (b) and  
3 (c) of paragraph 7 shall remain eligible for continued  
4 benefits, outside an institution, at a level of care  
5 appropriate to meet the individual needs of the person,  
6 provided that a physician, licensed to practice medicine in all  
7 its branches, annually determines that the person requires the  
8 level of care provided by a hospital, skilled nursing facility,  
9 or intermediate care facility. The Illinois Department of  
10 Public Aid shall apply for an applicable waiver under Section  
11 1915(c) of the federal Social Security Act. The waiver  
12 application may limit the number of persons served by the  
13 waiver in any State fiscal year, but that annual limit shall be  
14 no fewer than 15 persons. The Department of Public Aid and the  
15 Department of Human Services shall jointly adopt rules  
16 governing the eligibility of persons under this paragraph 13.  
17 The Department of Human Services must make an annual report to  
18 the Governor and the General Assembly with respect to the class  
19 of persons eligible for medical assistance under this paragraph  
20 13. The report is due on January 1 of each year and must cover  
21 the State fiscal year ending on June 30 of the preceding year.  
22 The first report is due on January 1, 2007. The report must  
23 include the following information for the fiscal year covered  
24 by the report:

25 (a) The number of persons eligible for medical  
26 assistance under this paragraph 13.

27 (b) The number of persons who applied for medical  
28 assistance under this paragraph 13.

29 (c) The number of persons who received medical  
30 assistance under this paragraph 13.

31 (d) The number of persons who were denied medical  
32 assistance under this paragraph 13, together with the  
33 reasons for the denial of assistance.

34 (e) The nature, scope, and cost of services provided  
35 under this paragraph 13.

36 (f) The comparative cost of providing those services in

1       a hospital, skilled nursing facility, or intermediate care  
2       facility.

3       The Illinois Department and the Governor shall provide a  
4       plan for coverage of the persons eligible under paragraph 7 as  
5       soon as possible after July 1, 1984.

6       The eligibility of any such person for medical assistance  
7       under this Article is not affected by the payment of any grant  
8       under the Senior Citizens and Disabled Persons Property Tax  
9       Relief and Pharmaceutical Assistance Act or any distributions  
10      or items of income described under subparagraph (X) of  
11      paragraph (2) of subsection (a) of Section 203 of the Illinois  
12      Income Tax Act. The Department shall by rule establish the  
13      amounts of assets to be disregarded in determining eligibility  
14      for medical assistance, which shall at a minimum equal the  
15      amounts to be disregarded under the Federal Supplemental  
16      Security Income Program. The amount of assets of a single  
17      person to be disregarded shall not be less than \$2,000, and the  
18      amount of assets of a married couple to be disregarded shall  
19      not be less than \$3,000.

20      To the extent permitted under federal law, any person found  
21      guilty of a second violation of Article VIII A shall be  
22      ineligible for medical assistance under this Article, as  
23      provided in Section 8A-8.

24      The eligibility of any person for medical assistance under  
25      this Article shall not be affected by the receipt by the person  
26      of donations or benefits from fundraisers held for the person  
27      in cases of serious illness, as long as neither the person nor  
28      members of the person's family have actual control over the  
29      donations or benefits or the disbursement of the donations or  
30      benefits.

31      (Source: P.A. 92-16, eff. 6-28-01; 92-47, eff. 7-3-01; 92-597,  
32      eff. 6-28-02; 93-20, eff. 6-20-03.)

33           (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

34      Sec. 5-5. Medical services. The Illinois Department, by  
35      rule, shall determine the quantity and quality of and the rate

1 of reimbursement for the medical assistance for which payment  
2 will be authorized, and the medical services to be provided,  
3 which may include all or part of the following: (1) inpatient  
4 hospital services; (2) outpatient hospital services; (3) other  
5 laboratory and X-ray services; (4) skilled nursing home  
6 services; (5) physicians' services whether furnished in the  
7 office, the patient's home, a hospital, a skilled nursing home,  
8 or elsewhere; (6) medical care, or any other type of remedial  
9 care furnished by licensed practitioners; (7) home health care  
10 services; (8) private duty nursing service; (9) clinic  
11 services; (10) dental services, including prevention and  
12 treatment of periodontal disease and dental caries disease for  
13 pregnant women; (11) physical therapy and related services;  
14 (12) prescribed drugs, dentures, and prosthetic devices; and  
15 eyeglasses prescribed by a physician skilled in the diseases of  
16 the eye, or by an optometrist, whichever the person may select;  
17 (13) other diagnostic, screening, preventive, and  
18 rehabilitative services; (14) transportation and such other  
19 expenses as may be necessary; (15) medical treatment of sexual  
20 assault survivors, as defined in Section 1a of the Sexual  
21 Assault Survivors Emergency Treatment Act, for injuries  
22 sustained as a result of the sexual assault, including  
23 examinations and laboratory tests to discover evidence which  
24 may be used in criminal proceedings arising from the sexual  
25 assault; (16) the diagnosis and treatment of sickle cell  
26 anemia; and (17) any other medical care, and any other type of  
27 remedial care recognized under the laws of this State, but not  
28 including abortions, or induced miscarriages or premature  
29 births, unless, in the opinion of a physician, such procedures  
30 are necessary for the preservation of the life of the woman  
31 seeking such treatment, or except an induced premature birth  
32 intended to produce a live viable child and such procedure is  
33 necessary for the health of the mother or her unborn child. The  
34 Illinois Department, by rule, shall prohibit any physician from  
35 providing medical assistance to anyone eligible therefor under  
36 this Code where such physician has been found guilty of

1 performing an abortion procedure in a wilful and wanton manner  
2 upon a woman who was not pregnant at the time such abortion  
3 procedure was performed. The term "any other type of remedial  
4 care" shall include nursing care and nursing home service for  
5 persons who rely on treatment by spiritual means alone through  
6 prayer for healing.

7 Notwithstanding any other provision of this Section, a  
8 comprehensive tobacco use cessation program that includes  
9 purchasing prescription drugs or prescription medical devices  
10 approved by the Food and Drug administration shall be covered  
11 under the medical assistance program under this Article for  
12 persons who are otherwise eligible for assistance under this  
13 Article.

14 Notwithstanding any other provision of this Code, the  
15 Illinois Department may not require, as a condition of payment  
16 for any laboratory test authorized under this Article, that a  
17 physician's handwritten signature appear on the laboratory  
18 test order form. The Illinois Department may, however, impose  
19 other appropriate requirements regarding laboratory test order  
20 documentation.

21 The Illinois Department of Public Aid shall provide the  
22 following services to persons eligible for assistance under  
23 this Article who are participating in education, training or  
24 employment programs operated by the Department of Human  
25 Services as successor to the Department of Public Aid:

26 (1) dental services, which shall include but not be  
27 limited to prosthodontics; and

28 (2) eyeglasses prescribed by a physician skilled in the  
29 diseases of the eye, or by an optometrist, whichever the  
30 person may select.

31 In order to ensure compliance with the Disabilities  
32 Services Act of 2003 and the federal Americans with  
33 Disabilities Act, the Illinois Department of Human Services,  
34 the Illinois Department of Public Aid, and the Division of  
35 Specialized Care for Children of the University of Illinois  
36 shall enter into an interagency agreement within 90 days after

1 the effective date of this amendatory Act of the 94th General  
2 Assembly for the purpose of cooperatively establishing a  
3 program of case management for any person who receives benefits  
4 under paragraph 7 of Section 5-2 of this Code. The program of  
5 case management shall include a review of each person's needs  
6 at least annually starting at age 16 in order to prepare the  
7 person and his or her family for the transition to services  
8 that are available to the person and his or her family starting  
9 at age 21, including services provided under paragraph 13 of  
10 Section 5-2 of this Code. The person or his or her authorized  
11 representative shall participate in the case management  
12 program. These case management services shall include: (1) an  
13 assessment of the person's medical needs, including  
14 consultation with a physician licensed to practice medicine in  
15 all its branches and the person's treating physician; (2)  
16 counseling the person and his or her family about the services  
17 available to the person when he or she reaches age 21; (3)  
18 providing the opportunity to receive service options between  
19 the ages of 16 and 21 that will permit the person to gradually  
20 make a successful transition to services available starting at  
21 the age of 21; (4) assisting the person and his or her family  
22 to adjust to changes, if any, that may occur in the provision  
23 of services starting at the age of 21; (5) assessing the needs  
24 of the person for educational and vocational planning and  
25 services; (6) evaluating the need of the person for assistive  
26 technology services and devices; (7) establishing linkages for  
27 the person and his or her family to support services,  
28 independent living services, employment and vocational skills  
29 training, educational resources, and other transition  
30 services; and (8) developing a transition plan for the person  
31 with the participation of the person and his or her family. The  
32 Department of Human Services, the Division of Specialized Care  
33 for Children, and the Department of Public Aid shall jointly  
34 adopt rules governing the criteria, standards, and procedures  
35 concerning the case management program and procedures required  
36 by this paragraph.

1           The Illinois Department, by rule, may distinguish and  
2 classify the medical services to be provided only in accordance  
3 with the classes of persons designated in Section 5-2.

4           The Illinois Department shall authorize the provision of,  
5 and shall authorize payment for, screening by low-dose  
6 mammography for the presence of occult breast cancer for women  
7 35 years of age or older who are eligible for medical  
8 assistance under this Article, as follows: a baseline mammogram  
9 for women 35 to 39 years of age and an annual mammogram for  
10 women 40 years of age or older. All screenings shall include a  
11 physical breast exam, instruction on self-examination and  
12 information regarding the frequency of self-examination and  
13 its value as a preventative tool. As used in this Section,  
14 "low-dose mammography" means the x-ray examination of the  
15 breast using equipment dedicated specifically for mammography,  
16 including the x-ray tube, filter, compression device, image  
17 receptor, and cassettes, with an average radiation exposure  
18 delivery of less than one rad mid-breast, with 2 views for each  
19 breast.

20           Any medical or health care provider shall immediately  
21 recommend, to any pregnant woman who is being provided prenatal  
22 services and is suspected of drug abuse or is addicted as  
23 defined in the Alcoholism and Other Drug Abuse and Dependency  
24 Act, referral to a local substance abuse treatment provider  
25 licensed by the Department of Human Services or to a licensed  
26 hospital which provides substance abuse treatment services.  
27 The Department of Public Aid shall assure coverage for the cost  
28 of treatment of the drug abuse or addiction for pregnant  
29 recipients in accordance with the Illinois Medicaid Program in  
30 conjunction with the Department of Human Services.

31           All medical providers providing medical assistance to  
32 pregnant women under this Code shall receive information from  
33 the Department on the availability of services under the Drug  
34 Free Families with a Future or any comparable program providing  
35 case management services for addicted women, including  
36 information on appropriate referrals for other social services

1 that may be needed by addicted women in addition to treatment  
2 for addiction.

3 The Illinois Department, in cooperation with the  
4 Departments of Human Services (as successor to the Department  
5 of Alcoholism and Substance Abuse) and Public Health, through a  
6 public awareness campaign, may provide information concerning  
7 treatment for alcoholism and drug abuse and addiction, prenatal  
8 health care, and other pertinent programs directed at reducing  
9 the number of drug-affected infants born to recipients of  
10 medical assistance.

11 Neither the Illinois Department of Public Aid nor the  
12 Department of Human Services shall sanction the recipient  
13 solely on the basis of her substance abuse.

14 The Illinois Department shall establish such regulations  
15 governing the dispensing of health services under this Article  
16 as it shall deem appropriate. The Department should seek the  
17 advice of formal professional advisory committees appointed by  
18 the Director of the Illinois Department for the purpose of  
19 providing regular advice on policy and administrative matters,  
20 information dissemination and educational activities for  
21 medical and health care providers, and consistency in  
22 procedures to the Illinois Department.

23 The Illinois Department may develop and contract with  
24 Partnerships of medical providers to arrange medical services  
25 for persons eligible under Section 5-2 of this Code.  
26 Implementation of this Section may be by demonstration projects  
27 in certain geographic areas. The Partnership shall be  
28 represented by a sponsor organization. The Department, by rule,  
29 shall develop qualifications for sponsors of Partnerships.  
30 Nothing in this Section shall be construed to require that the  
31 sponsor organization be a medical organization.

32 The sponsor must negotiate formal written contracts with  
33 medical providers for physician services, inpatient and  
34 outpatient hospital care, home health services, treatment for  
35 alcoholism and substance abuse, and other services determined  
36 necessary by the Illinois Department by rule for delivery by

1 Partnerships. Physician services must include prenatal and  
2 obstetrical care. The Illinois Department shall reimburse  
3 medical services delivered by Partnership providers to clients  
4 in target areas according to provisions of this Article and the  
5 Illinois Health Finance Reform Act, except that:

6 (1) Physicians participating in a Partnership and  
7 providing certain services, which shall be determined by  
8 the Illinois Department, to persons in areas covered by the  
9 Partnership may receive an additional surcharge for such  
10 services.

11 (2) The Department may elect to consider and negotiate  
12 financial incentives to encourage the development of  
13 Partnerships and the efficient delivery of medical care.

14 (3) Persons receiving medical services through  
15 Partnerships may receive medical and case management  
16 services above the level usually offered through the  
17 medical assistance program.

18 Medical providers shall be required to meet certain  
19 qualifications to participate in Partnerships to ensure the  
20 delivery of high quality medical services. These  
21 qualifications shall be determined by rule of the Illinois  
22 Department and may be higher than qualifications for  
23 participation in the medical assistance program. Partnership  
24 sponsors may prescribe reasonable additional qualifications  
25 for participation by medical providers, only with the prior  
26 written approval of the Illinois Department.

27 Nothing in this Section shall limit the free choice of  
28 practitioners, hospitals, and other providers of medical  
29 services by clients. In order to ensure patient freedom of  
30 choice, the Illinois Department shall immediately promulgate  
31 all rules and take all other necessary actions so that provided  
32 services may be accessed from therapeutically certified  
33 optometrists to the full extent of the Illinois Optometric  
34 Practice Act of 1987 without discriminating between service  
35 providers.

36 The Department shall apply for a waiver from the United

1 States Health Care Financing Administration to allow for the  
2 implementation of Partnerships under this Section.

3 The Illinois Department shall require health care  
4 providers to maintain records that document the medical care  
5 and services provided to recipients of Medical Assistance under  
6 this Article. The Illinois Department shall require health care  
7 providers to make available, when authorized by the patient, in  
8 writing, the medical records in a timely fashion to other  
9 health care providers who are treating or serving persons  
10 eligible for Medical Assistance under this Article. All  
11 dispensers of medical services shall be required to maintain  
12 and retain business and professional records sufficient to  
13 fully and accurately document the nature, scope, details and  
14 receipt of the health care provided to persons eligible for  
15 medical assistance under this Code, in accordance with  
16 regulations promulgated by the Illinois Department. The rules  
17 and regulations shall require that proof of the receipt of  
18 prescription drugs, dentures, prosthetic devices and  
19 eyeglasses by eligible persons under this Section accompany  
20 each claim for reimbursement submitted by the dispenser of such  
21 medical services. No such claims for reimbursement shall be  
22 approved for payment by the Illinois Department without such  
23 proof of receipt, unless the Illinois Department shall have put  
24 into effect and shall be operating a system of post-payment  
25 audit and review which shall, on a sampling basis, be deemed  
26 adequate by the Illinois Department to assure that such drugs,  
27 dentures, prosthetic devices and eyeglasses for which payment  
28 is being made are actually being received by eligible  
29 recipients. Within 90 days after the effective date of this  
30 amendatory Act of 1984, the Illinois Department shall establish  
31 a current list of acquisition costs for all prosthetic devices  
32 and any other items recognized as medical equipment and  
33 supplies reimbursable under this Article and shall update such  
34 list on a quarterly basis, except that the acquisition costs of  
35 all prescription drugs shall be updated no less frequently than  
36 every 30 days as required by Section 5-5.12.

1           The rules and regulations of the Illinois Department shall  
2 require that a written statement including the required opinion  
3 of a physician shall accompany any claim for reimbursement for  
4 abortions, or induced miscarriages or premature births. This  
5 statement shall indicate what procedures were used in providing  
6 such medical services.

7           The Illinois Department shall require all dispensers of  
8 medical services, other than an individual practitioner or  
9 group of practitioners, desiring to participate in the Medical  
10 Assistance program established under this Article to disclose  
11 all financial, beneficial, ownership, equity, surety or other  
12 interests in any and all firms, corporations, partnerships,  
13 associations, business enterprises, joint ventures, agencies,  
14 institutions or other legal entities providing any form of  
15 health care services in this State under this Article.

16           The Illinois Department may require that all dispensers of  
17 medical services desiring to participate in the medical  
18 assistance program established under this Article disclose,  
19 under such terms and conditions as the Illinois Department may  
20 by rule establish, all inquiries from clients and attorneys  
21 regarding medical bills paid by the Illinois Department, which  
22 inquiries could indicate potential existence of claims or liens  
23 for the Illinois Department.

24           Enrollment of a vendor that provides non-emergency medical  
25 transportation, defined by the Department by rule, shall be  
26 conditional for 180 days. During that time, the Department of  
27 Public Aid may terminate the vendor's eligibility to  
28 participate in the medical assistance program without cause.  
29 That termination of eligibility is not subject to the  
30 Department's hearing process.

31           The Illinois Department shall establish policies,  
32 procedures, standards and criteria by rule for the acquisition,  
33 repair and replacement of orthotic and prosthetic devices and  
34 durable medical equipment. Such rules shall provide, but not be  
35 limited to, the following services: (1) immediate repair or  
36 replacement of such devices by recipients without medical

1 authorization; and (2) rental, lease, purchase or  
2 lease-purchase of durable medical equipment in a  
3 cost-effective manner, taking into consideration the  
4 recipient's medical prognosis, the extent of the recipient's  
5 needs, and the requirements and costs for maintaining such  
6 equipment. Such rules shall enable a recipient to temporarily  
7 acquire and use alternative or substitute devices or equipment  
8 pending repairs or replacements of any device or equipment  
9 previously authorized for such recipient by the Department.

10 The Department shall execute, relative to the nursing home  
11 prescreening project, written inter-agency agreements with the  
12 Department of Human Services and the Department on Aging, to  
13 effect the following: (i) intake procedures and common  
14 eligibility criteria for those persons who are receiving  
15 non-institutional services; and (ii) the establishment and  
16 development of non-institutional services in areas of the State  
17 where they are not currently available or are undeveloped.

18 The Illinois Department shall develop and operate, in  
19 cooperation with other State Departments and agencies and in  
20 compliance with applicable federal laws and regulations,  
21 appropriate and effective systems of health care evaluation and  
22 programs for monitoring of utilization of health care services  
23 and facilities, as it affects persons eligible for medical  
24 assistance under this Code.

25 The Illinois Department shall report annually to the  
26 General Assembly, no later than the second Friday in April of  
27 1979 and each year thereafter, in regard to:

28 (a) actual statistics and trends in utilization of  
29 medical services by public aid recipients;

30 (b) actual statistics and trends in the provision of  
31 the various medical services by medical vendors;

32 (c) current rate structures and proposed changes in  
33 those rate structures for the various medical vendors; and

34 (d) efforts at utilization review and control by the  
35 Illinois Department.

36 The period covered by each report shall be the 3 years

1 ending on the June 30 prior to the report. The report shall  
2 include suggested legislation for consideration by the General  
3 Assembly. The filing of one copy of the report with the  
4 Speaker, one copy with the Minority Leader and one copy with  
5 the Clerk of the House of Representatives, one copy with the  
6 President, one copy with the Minority Leader and one copy with  
7 the Secretary of the Senate, one copy with the Legislative  
8 Research Unit, and such additional copies with the State  
9 Government Report Distribution Center for the General Assembly  
10 as is required under paragraph (t) of Section 7 of the State  
11 Library Act shall be deemed sufficient to comply with this  
12 Section.

13 (Source: P.A. 92-16, eff. 6-28-01; 92-651, eff. 7-11-02;  
14 92-789, eff. 8-6-02; 93-632, eff. 2-1-04; 93-841, eff. 7-30-04;  
15 93-981, eff. 8-23-04; revised 10-22-04.)

16 Section 99. Effective date. This Act takes effect upon  
17 becoming law.